

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

State of Wisconsin

-vs-

**Notice to District Attorney/  
District Attorney Response on  
Petition for Sentence Adjustment  
§973.195**

\_\_\_\_\_, Defendant  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

Count No. \_\_\_\_\_

**Notice to District Attorney**

1. A Petition for Sentence Adjustment was filed with the court on (date) \_\_\_\_\_. The court holds the petition for further consideration. A copy of the petition and attachment(s) is:
  - a. ☐ attached.
  - b. ☐ available from the court.
2. The district attorney may object to this petition within 45 days of receiving this notice. A copy of any response filed by the district attorney shall be sent to the inmate.
3. If the sentence for which the inmate seeks an adjustment is for an offense under s.940.225(2) or (3), 948.02(2), or 948.08, and the district attorney does not object within 10 days of receiving this notice, the district attorney shall make reasonable attempts to notify the victim(s) of the petition, the petition process, and information on how to object to the petition.

\_\_\_\_\_  
Circuit Court Judge

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

Distribution:

1. Court – Original
2. District Attorney

**District Attorney Response**

Based on the Petition and attachment(s) received:

- ☐ 1. The district attorney objects to the Petition for Sentence Adjustment.
- ☐ 2. The district attorney does not object to the Petition for Sentence Adjustment.
- ☐ 3. The district attorney does not object to the Petition for Sentence Adjustment. The sentence is for an offense under §940.225(2) or (3), 948.02(2), or 948.08. The victim ☐ objects ☐ does not object to the Petition for Sentence Adjustment.

**District Attorney:**

\_\_\_\_\_  
Signature of District Attorney

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

Distribution:

1. Court – Original
2. Victim(s)
3. Inmate